REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

	TRANSMITTAL					
I hereby certify that this correspondence is being electronically filed with the United States Patent and Trademark Office on June 2, 2010 at or before 11:59 p.m. Pacific Time under the Rules of 37 CFR § 1.8. Christina L. Malinosky						
Application Number Filing Date Inventor(s) Title	: 10/566,858: January 31, 2006: Tiow Seng Tan: TRAPEZOIDAL SHADOW MAP	Confirmation No. 2245				
Group Art Unit Examiner Name Docket No.	: 2628: Abderrahim Merouan: 57090/C982	Date: June 2, 2010				
MAIL TO: Mail Sto	op RCE					
This is a Request for identified application.	or Continued Examination (RCE) und	er 37 CFR § 1.114 of the above-				
This application is no	ot an application of the kind specified in	37 CFR § 1.114(e).				
a. \underline{X} Pend (1) \underline{X}	that Action was a Final Rejection withdrawn by this Request	n February 3, 2010, as to which no iled and as filed on c transmission under 37 CFR § 1.8				

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the Issue Fee has been paid and a petition under 37 CFR § 1.313 was

the Issue Fee has not been paid

granted on
b. ____ Pending (with review proceeding active)

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Application No. 10/566,858

An appeal under 37 CFR § 1.191 has been filed. Applicant(s) hereby

withdraw that appeal and application.	request reopening of the prosecution of the
	east one) ly under 37 CFR § 1.116 previously filed on Appeal or Reply Brief previously filed on
Amendment/Reply Affidavit(s)/Declaration(s) Information Disclosure Statem Documents under 37 CFR § 1 X Petition for Extension of Time Other: se direct all correspondence to CUSTOM 795-9900, CHRISTIE, PARKER & HA	.48
	Respectfully submitted,
	CHRISTIE, PARKER & HALE, LLP By Raymond R. Tabandeh

RRT/clv

REQUEST FOR CONTINUED EXAMINATION (RCE) FEE CALCULATION SHEET

Application No. 10/566,858

PART I — BASIC FEE							
	Small Entity	Large Entity					
BASIC FEE	\$405.00	\$810.00	\$405.00				

PART II — ADDITIONAL CLAIMS (compared to application before RCE)								
	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE		
Total Claims	21	*22	0	0 x \$26.00	0 x \$52.00	0		
Independent Claims	3	**3	0	0 x \$110.00	0 x \$220.00	0		
First Presentation of Multiple Dependent Claim \$195.00 \$390.00								
TOTAL CLAIMS FEE						\$0		

List Independent Claims: 1, 21, and 22

- 1. FEES (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)
 - a. Amount (total from Fee Calculation Sheet)
 Please deduct \$405 from Deposit Account No. 03-1728.
 - b. X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required for this transaction to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

CLM PAS904209.1-*-06/2/10 1:52 PM

^{*} IF THE "HIGHEST NUMBER OF TOTAL CLAIMS PREVIOUSLY PAID FOR" IS LESS THAN 20, WRITE "20" IN THIS SPACE.

^{**} IF THE HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN THIS SPACE.